

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-10-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visit on 12-10-03 was not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for 12-10-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 2<sup>nd</sup> day of March 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

Enclosure: IRO decision

February 25, 2005

KERRY M. DOHERTY  
TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:  
EMPLOYEE:  
POLICY: M5-05-1230-01  
CLIENT TRACKING NUMBER: M5-05-1230-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRloA for independent review.

**Records Received:**

Records from TWCC:

- Notification of IRO Assignment, dated 2/9/05 – 7 pages

Records from Dr. Robert W. Wright:

- Letter to MRloA from Dr. Wright, dated 2/10/05 – 2 pages

Exhibit 1 – 1 page

- Patient History, dated 12/10/03 – 1 page

Exhibit 2 – 1 page

- Letter to Corvel from Dr. Wright, dated 5/11/04 – 2 pages
- Letter to Corvel from Dr. Wright, undated – 1 page
- Letter to Dr. Wright from TWCC, dated 12/21/04 – 1 page
- Letter to Dr. Wright from TWCC, dated 12/28/04 – 1 page

Exhibit 3 – 1 page

- MDA Internet Warning (<http://www.mdainternet.com/warning.asp>), printed 2/14/05 – 1 page
- Fax coversheet to Dr. Wright from Carol Schmoker/Risk Enterprise Management Limited (dated 5/11/04) including peer review (dated 12/14/03) – 7 pages
- Written telephone log, multiple dates – 1 page

Exhibit 4 – 1 page

- Letter to Joseph Viernow, DC from Dr. Wright, dated 12/11/03 – 3 pages
- Medical Consultation Report, Dr. Wright, dated 12/11/03 – 1 page

Exhibit 5 – 1 page

- Copy of MRloA peer review on unidentified patient, dated 1/12/05 – 3 pages

Records from Joseph Viernow, DC:

- Arkansas Pioneer Chiropractic Initial Examination, dated 2/14/05 – 4 pages
- Arkansas Pioneer Chiropractic SOAP notes, multiple dates – 191 pages
- Letter to Dr. Viernow from Dr. Wright, dated 12/11/03 – 3 page
- Carpal Tunnel images, dated 5/23/03 – 4 pages
- The Alpha Group Referral form, undated – 1 page
- Arkansas Pioneer Chiropractic Progress Examination, dated 5/17/04 – 2 pages
- Arkansas Pioneer Chiropractic SOAP notes, 6/22/04 – 2 pages
- Letter To Whom It May Concern from Dr. Viernow, dated 2/16/04 – 1 page
- Letter To Whom It May Concern from Dr. Viernow, dated 1/13/04 x2 – 2 pages
- Written letter, dated 5/03 – 1 page
- Written letter, dated 9/?/03 – 1 page
- The Alpha Group Referral form, dated 11/3/03 – 1 page
- TWCC Required Medical Examination Notice or Request for Order – 1 page
- Letter to \_\_\_ from Michele M. Lopez/C&H Medical Solutions, dated 8/6/03 – 1 page
- Texas Workers' Compensation Work Status Report, multiple dates – 41 pages
- "MMI by DD 9-28-04" – 1 page
- Work Comp Management Sheet – 1 page
- Treatment Schedule, multiple dates – 23 pages

- Treatment notes, multiple dates – 4 pages
- GENEX Texas Outpatient Authorization Recommendation, dated 8/30/04 – 1 page
- GENEX Texas Outpatient Authorization Recommendation, dated 8/23/04 – 1 page
- Physician's Order Form, dated ?/?/03 – 1 page
- TWCC-69 – Report of Medical Evaluation – 1 page
- Letter to TWCC from E. Floyd Robinson, MD/Churchill Evaluation Centers, dated 9/28/04 – 2 pages

Supplemental Information of \_\_\_ – 1 page

- Review of Medical History & Physical Exam, Dr. Robinson, dated 9/28/04 – 2 pages
- ARCON AIRS – Impairment Rating Report, dated 9/28/04 – 4 pages
- Ft. Worth Healthcare Systems Evaluation, Marcus Rojas, LPC, dated 8/20/04 – 5 pages
- Letter to Dr. Viernow from Linden Dillin, MD, dated 6/18/04, 5/13/04, 4/9/04 x2, 3/11/04, 3/5/04, 2/12/04, 1/16/04 x2, 8/12/03 – 12 pages
- PT prescription, dated 5/13/04 x2, 6/17/04, 4/8/04, 3/25/04, 3/11/04, 8/12/03 x2, – 8 pages
- Discharge summary, Dr. Dillin, dated 3/3/04 – 1 page
- Operative report, Dr. Dillin, dated 3/3/04 – 2 pages
- Letter to \_\_\_ from Dr. Dillin, dated 8/12/03 – 2 pages
- The Clinic for Special Surgery–Patient Information – 1 page
- Anesthesia Medical History – 1 page
- MRC X-ray report, Doran L. Nicholson, DC, DACBR, dated 6/2/03 – 1 page
- Arkansas Pioneer Chiropractic & Carpal Tunnel Clinic report, dated 5/29/03 – 3 pages
- MRI of the right wrist, dated 7/1/03 – 1 page
- Neuro-Selective CPT Laboratory Report Summary, dated 12/8/03 – 1 page
- Neuro-Selective CPT Laboratory Report, dated 12/8/03 – 1 page
- Mid-Cities Neuro Lab (MCNL) Exam, dated 9/5/03 – 19 pages
- MCNL report, dated 9/5/03 – 3 pages
- MCNL report, dated 1/14/03 – 1 page
- HCFA-1500 for DOS 7/14/03 – 1 page
- Nerve Testing Charge List, dated 7/14/03 – 1 page
- Pain Drawing, dated 7/14/03 – 1 page
- Upper Extremity Nerve Conduction Study, dated 7/14/03 – 1 page
- R Ulnar F, dated 7/13/03 – 1 page
- Paraffin Wax Refill prescription including fax confirmation, dated 4/21/04 – 2 pages
- Fax coversheet to Dr. Viernow from Advantage Healthcare Systems, Inc (dated 5/11/04) including records – 31 pages
- MCNL coversheet (dated 7/25/03) including records – 22 pages
- MCDC vascular report, dated 7/16/03 – 4 pages
- Letter to Paula Parker/Risk Enterprise Management from David R. Willhoite, MD/C&H Medical Solutions, dated 8/19/03 – 2 pages
- Letter to Dr. Allen from Danita Fuller, RN/GENEX, dated 8/4/03 – 1 page

### **Summary of Treatment/Case History:**

The claimant, a 21-year-old female, began complaining of right hand/wrist pain on \_\_\_ and she went to Joseph Viernow DC for evaluation and treatment. She began a course of chiropractic care for wrist dislocation, tenosynovitis, wrist sprain, median nerve lesion, joint stiffness, and muscle spasms

and she was treated on the following dates:

May 03: 13, 14, 15, 16, 17, 20, 21, 22, 23, 27, 30  
Jun 03: 2, 4, 6, 9, 10, 11, 13, 18, 19, 23, 25, 27, 30  
Jul 03: 1, 5, 8, 9, 10, 14, 16, 18, 21, 24, 26, 30  
Aug 03: 4, 6, 11, 14, 15, 18, 19, 20, 21, 22, 25, 26, 27, 29  
Sep 03: 2, 3, 4, 5, 6, 8, 10, 12, 15, 17, 19, 22, 24, 26, 30  
Oct 03: 3, 4, 6, 10, 13, 17, 20, 24, 27  
Nov 03: 3, 10, 17, 25  
Dec 03: 1, 8, 9, 15, 22, 29  
Jan 04: 5, 9, 12, 26  
Feb 04: 2, 9, 16, 17, 24  
Mar 04: 1, 5, 22, 26, 29, 31  
Apr 04: 2, 6, 7, 9, 12, 14, 16, 19, 21, 23, 26, 28, 30  
May 04: 3, 5, 7, 10, 12, 14, 17, 19, 21, 25, 26, 28  
Jun 04: 2, 3, 4, 10, 11, 12, 14, 16, 18, 21, 23, 30  
Jul 04: 1, 9, 14, 21, 31  
Aug 04: 4, 11, 20, 25, 27  
Sep 04: 2, 8, 21, 23, 30  
Oct 04: 7, 13

The claimant was referred to the orthopedic surgeon on August of 2003 and she eventually underwent surgery in March of 2004 with Linden Dillin. MD.

The patient was referred to Robert Wright, DC for a physical medicine consultation on 12/11/03. Dr. Wright recommended that the chiropractor continue with the injections per Dr. Dillin's recommendations, begin a work hardening program, and consider pain management and/or surgical intervention if conservative measures failed.

#### **Questions for Review:**

Date of service in question 12/10/03.

1. Item in dispute CPT code #99204, office visits. Denied by carrier for medical necessity with "V" codes.

#### **Explanation of Findings:**

Question 1: Item in dispute CPT code #99204, office visits. Denied by carrier for medical necessity with "V" codes.

The office visit in question was not medically necessary. The patient had been under chiropractic treatment since May of 2003 and had received at least 82 chiropractic office visits and passive/active physical medicine treatment sessions. The patient had already undergone a right wrist MRI study, a nerve conduction velocity study, and she was also under the care of an orthopedic specialist and she had received wrist splinting, medications, and injections. She eventually underwent surgical intervention due to failure of conservative measures.

The referral for another chiropractic physical medicine evaluation was not medically necessary in light of the patient's protracted course of care and the fact that she had already been referred to the medical specialist, who prescribed additional physical medicine treatments, medications, and injections.

Current guidelines regarding management of upper extremity musculoskeletal disorders indicate that patients who have failed conservative physical medicine care should be referred to medical specialists for continued evaluation and treatment. Current guidelines do not recommend lateral referrals to like providers who cannot add to treatments already administered. (AAOS Clinical Guideline on Wrist Pain – Phase 1, American Academy of Orthopedic Surgeons, Rosemont IL 2002) and (Brigham and Women’s Hospital: Upper extremity musculoskeletal disorders – a guide to prevention, diagnosis, and treatment., Boston MA, Brigham and Women’s Hospital, 2003)

**Conclusion/Decision to Not Certify:**

CPT code #99204 on 12/10/03 was not medically necessary.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

AAOS Clinical Guideline on Wrist Pain – Phase 1, American Academy of Orthopedic Surgeons, Rosemont IL 2002

**References Used in Support of Decision:**

Brigham and Women’s Hospital: Upper extremity musculoskeletal disorders – a guide to prevention, diagnosis, and treatment., Boston MA, Brigham and Women’s Hospital, 2003

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This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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